UNIFORM HAZARDOUS WASTE MANIFEST C.A.D.O.B.6.5.1.0.0.5 9 1 0 5 5 1 0 0 5 9 1 0 2 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				of 1 is not re	tion in the equired by	Federa
			A. State Manifest Document Number  89476863  B. State Generator's ID H.A.H.Q.3.6.0.0.5.6.9.  C. State Transporter's ID D. Transporter's Phone (213)268-  E. State Transporter's ID			
						7. Transporter 2 Company Name 8.
Designated Facility Name and Site Address     Chem Tech Systems, Inc.	US EPA ID Number		G. Sta	ite Facility's ID ATAPIO cility's Phone	1013	a618
3650 E. 26th St. Vernon,CA 90023 C.A.	T-10-18-10-10-13-13	1184811	H. Fac	(213)268-	-3387	
11. US DOT Description (Including Proper Shipping Name, Hazard Clas	s, and ID Number)	12. Cont No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	W
Maste Steam-Cleaning Water (California Regulated Maste Only.)		0  0  1	TIT	0  5  0  0  0	6	State EPA/Ott
<b>b</b>						State EPA/Oil
Ĉ.						State
				11111		EPA/Oth
					•	EPA/Oti
J. Additional Descriptions for Materials Listed Above		<u> </u>	K. Ha	andling Godes for V	Vastes Lis   b.	ited Abo
Alkaline cleaning agent — 5% Oil & grease — 5% Water — remainder			C.	OI:	d.	
15. Special Handling Instructions and Additional Information  Guidef 31 Use gloves, goggles, respirator.		FILE #8	4.77			
Guidef 31 Use gloves, goggles, respirator.	ŀĄţ	FR 174	3			
Guidef 31 Use gloves, goggles, respirator.  10—T 16.  GENERATOR'S CERTIFICATION: I hereby declare that the content and are classified, packed, marked, and labeled, and are in all resultational government regulations.  If I am a large quantity generator, I certify that I have a program in to be economically practicable and that I have selected the practice present and future threat to human health, and the environment; O generation and select the best waste management method that is	ents of this consignment a spects in proper condition place to reduce the volu- cable method of treatmen R, if I am a small quantity available to me and that	LER 174 LTE ure fully and a for transport me and toxici tt, storage, or generator, I	Couratel by high	ste generated to the	ne degree l e to me wi	I have d
Guidef 31 Use gloves, goggles, respirator.  10—T 16.  GENERATOR'S CERTIFICATION: I hereby declare that the contour and are classified, packed, marked, and labeled, and are in all resultations.  If I am a large quantity generator, I certify that I have a program in to be economically practicable and that I have selected the practice present and future threat to human health and the environment; O generation and select the best waste management method that is  Printed/Typed Name  Kris L. Anderson Agent for N.D.A.C.	ents of this consignment a spects in proper condition place to reduce the volu cable method of treatment	LER 174 LTE ure fully and a for transport me and toxici tt, storage, or generator, I	Couratel by high	ste generated to the	ne degree l e to me wi	I have d hich min mize my
Guidef 31 Use gloves, goggles, respirator.  10-T 16.  GENERATOR'S CERTIFICATION: I hereby declare that the context and are classified, packed, marked, and labeled, and are in all respectively and are in all respectively. If I am a large quantity generator, I certify that I have a program in to be economically practicable and that I have selected the practic present and future threat to human health and the environment; Of generation and select the best waste management method that is Printed/Typed Name  Kris L. Anderson Agent for M.D.A.C.  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name	ents of this consignment a spects in proper condition place to reduce the volu- cable method of treatmen R, if I am a small quantity available to me and that	LER 174 LTE ure fully and a for transport me and toxici tt, storage, or generator, I	Couratel by high	ste generated to the	ne degree l e to me wi	I have d hich min mize my
Guidef 31 Use gloves, geggles, respirator.  10—T 16.  GENERATOR'S CERTIFICATION: Thereby declare that the contrained are classified, packed, marked, and labeled, and are in all resolutional government regulations.  If I am a large quantity generator, I certify that I have a program in to be economically practicable and that I have selected the practic present and future threat to human health and the environment; O generation and select the best waste management method that is Printed/Typed Name  Kris L. Anderson Agent for M.D.A.C.  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  SCAT BAYK AS  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name	ents of this consignment a spects in proper condition place to reduce the volu- cable method of freatmen R, if I am a small quantity available to me and that	LER 174 LTE ure fully and a for transport me and toxici tt, storage, or generator, I	Couratel by high	ste generated to the	ne degree l e to me wi	I have dhich min mize my  Month  Month
Guidef 31 Use gloves, goggles, respirator.  10—T 16. )  GENERATOR'S CERTIFICATION: I hereby declare that the contraind and are classified, packed, marked, and labeled, and are in all responsible to be economically practicable and that I have selected the practice present and future threat to human health and the environment; O generation and select the best waste management method that is  Printed/Typed Name  Kris L. Anderson Agent for N.D.A.C.  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name	ents of this consignment a spects in proper condition place to reduce the voluncable method of treatmen R, if I am a small quantity available to me and that	LER 174 LTE ure fully and a for transport me and toxici tt, storage, or generator, I	Couratel by high	ste generated to the	ne degree l e to me wi	I have d hich min mize my  Month  Month  Month

Printed/Typed Name	Signature Month Day Year
Kris L. Anderson Agent for M.D.A.C.	911890
17. Transporter 1 Acknowledgement of Receipt of Materials	
Printed/Typed Name	Signature Month Day Year
SCOTT BOYKINGS	10/11/9/9/0
18. Transporter 2 Acknowledgement of Receipt of Materials	
Printed/Typed Name	Signature Month Day Year
19. Discrepancy Indication Space	

(Rev. 9-88) Previous editions are obsolete.

A

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

DHS 8022 A (1/88) Do Not Write Below This Line EPA 8700-22

YELLOW: GENERATOR RETAINS

Month

Day

Year